

<b>CHARGE OF DISCRIMINATION</b> This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.		AGENCY <input type="checkbox"/> FEPA <input type="checkbox"/> EEOC	CHARGE NUMBER
<u>Idaho Human Rights Commission</u> and EEOC <i>State or local Agency, if any</i>			
NAME <i>(Indicate Mr., Ms., Mrs.)</i>		HOME TELEPHONE <i>(Indicate Area Code)</i>	
STREET ADDRESS		CITY, STATE AND ZIP CODE	DATE OF BIRTH
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, AND STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME <i>(If more than one list below.)</i>			
NAME		NUMBER OF EMPLOYEES, MEMBERS	TELEPHONE <i>(Include Area Code)</i>
STREET ADDRESS		CITY, STATE AND ZIP CODE	COUNTY
NAME		TELEPHONE NUMBER <i>(Include Area Code)</i>	
STREET ADDRESS		CITY, STATE, AND ZIP CODE	COUNTY
CAUSE OF DISCRIMINATION BASED ON <i>(Check appropriate box(es):</i> <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER <i>(Specify)</i>		DATE DISCRIMINATION TOOK PLACE EARLIEST _____ LATEST _____  <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE <i>(If additional space is needed, attach extra sheet(s)):</i>  <div style="text-align: center;">***SEE ATTACHED***</div>			
<input type="checkbox"/> I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address of telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - <i>(When necessary for State and Local Requirements)</i>  I swear of affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct.		SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE <i>(Day, month, and year)</i>	
Date	Charging Party <i>(Signature)</i>		

THE PARTICULARS ARE:

I. Complainant's Statement of Harm:

II. Respondent's Reason for Adverse Action:

III. Complainant's Statement of Discrimination:

I believe I have been discriminated against based on my \*\*\*. In support of this statement, I offer the following facts:

A.

F. Respondent employs \*\*\* employees

I believe the practices of the above-named Respondent are in violation of:

- ☐ Title 67, Chapter 59 of the Idaho Code
- ☐ Title 44, Chapter 17 of the Idaho Code
- ☐ Title VII of the Civil Rights Act of 1964
- ☐ Age Discrimination in Employment Act of 1967 (ADEA)
- ☐ Americans with Disabilities Act
- ☐ Equal Pay Act

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HUMAN RIGHTS COMMISSION

Owyhee Plaza Hotel  
1109 Main Street, Suite 400  
Post Office Box 83720  
Boise, Idaho 83720-0040  
(208) 334-2873

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RELEASE OF INFORMATION

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IN THE MATTER OF:

	)
COMPLAINANT	)
	)
v.	)
	)
RESPONDENT	)

I Hereby authorize my employer and any of my former employers to furnish the Idaho Human Rights Commission with records of my services, my reason for leaving their employment, together with all other information they may have concerning me, whether on record or not. Also, I authorize that all other persons or organizations possessing information necessary to a full evaluation of my qualifications or record should, if requested, furnish such information to the Idaho Human Rights Commission. I hereby release my employer and any of my former employers, the other persons and organizations so indicated, and the Idaho Human Rights Commission from all liability for any damages whatsoever in furnishing and obtaining said record.

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SIGNATURE OF COMPLAINT

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DATE

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NOTICE TO KEEP RECORDS

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IN THE MATTER OF:

COMPLAINANT	)
	)
	)
v.	)
	)
	)
RESPONDENT	)

I understand that if I lose a job because of discrimination, I may be entitled to damages for loss of back pay. However, I also understand that I have a duty to minimize these damages by seeking comparable employment until my complaint is settled. I will keep record of all attempts to seek comparable employment. These records will contain the name of the agency where I sought employment, the date I applied, the employer and the position for which I applied. I will also keep record of all wages I have earned from such employers, and of unemployment insurance payments collected, until this case is settled, by writing down the amounts I have earned from each employer or payment from the State. In this regard, I will keep all check stubs, withholding statements, income tax returns, or other records I receive concerning these wages. I will turn these records over to the Idaho Human Rights Commission upon their request so that they may pursue my claim for employment discrimination.

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SIGNATURE OF COMPLAINT

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DATE

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**MEDICAL RECORDS RELEASE**

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NAME (PRINTED)

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DATE OF BIRTH

I hereby authorize any and all physicians, chiropractors, hospitals, clinics and/or health care providers, who are currently treating me or who have treated me in the past, to furnish the Idaho Human Rights Commission any and all records, charts, files, reports together with all other information concerning me which may be in the possession of such health care provider, whether on record or not. In addition, I authorize such health care provider to speak directly to a representative of the Idaho Human Rights Commission regarding any and all medical information, records or opinions.

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SIGNATURE OF COMPLAINT

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DATE

**AGE DISCRIMINATION IN EMPLOYMENT ACT  
NOTIFICATION**

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I \_\_\_\_\_, being the Complainant in a charge of unlawful age discrimination filed with the Idaho Human Rights Commission on \_\_\_\_\_, which is also filed with the Equal Employment Opportunity Commission (E.E.O.C.), acknowledge that I have been informed by a representative of the Idaho Human Rights Commission that, under Federal law, I have the right to file a lawsuit alleging age discrimination in Federal district court no sooner than sixty (60) days after the date my charge is filed with the Idaho Human Rights Commission, and no later than ninety (90) days after receipt of notice that E.E.O.C. has dismissed or otherwise terminated its administrative proceeding on this charge.

I acknowledge that whatever rights I may have under the Federal Age Discrimination in Employment Act of 1967, as amended, do not affect my rights to have the Idaho Human Rights Commission investigate my charge, and to prosecute any valid claim I may have under the applicable provision of Title 67, Chapter 59, of the Idaho Code.

I acknowledge that I have read the foregoing statement, and understand its contents. I acknowledge that I have received a copy of this statement, and that copy will be retained in the records of the Idaho Human Rights Commission and Equal Employment Opportunity Commission.

\_\_\_\_\_  
SIGNATURE OF COMPLAINT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE